

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Request to Reinstate Class C Taxi Certificate

Rose Mary Felder Alexander DBA Chisolm Taxi

RECEIVED

NOV 18 2013

TRANS DEPT

(Please type or print)

Submitted by:

Rose Mary Felder Alexander

Address:

1901 Pine Walk Cir.

N. Chas. S.C. 29405

Phone:

843-425-1332

Other:

Email:

Teaniemama2010@yahoo.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Response |
| <input checked="" type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Name Change on Certificate | <input type="checkbox"/> Other: |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-696-5100.

POSTED

BEFORE THE

**PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA**

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2010 - 413 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

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247709

CLASS C REINSTATEMENT FORM

File the original with:	Mail or fax a copy to:
Public Service Commission of South Carolina Clark's Office Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896-5100 FAX (803) 896-5199	S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815

DATE: November 18, 2013

Please consider this an application for Reinstatement of my:

- ☒ Taxi Certificate Number 8366
- ☐ Charter Certificate Number _____
- ☐ Charter Bus Certificate Number _____
- ☐ Non-Emergency Certificate Number _____

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TRANS DEPTMy certificate was revoked/cancelled on 6/18/2013 because of failure to pay decal fees for First Half
(DATE)Year 2013(*) I am seeking reinstatement because I want to drive Taxi AgainRose Mary Felder Alexander
(Name of Company)DBA Chisolm Taxi

(if applicable)

(*) 24 Orr's Ct.
(Street Address)(*) 1901 Pine Walk Cir.
(Mailing Address if different from Street Address)(*) Chas. S.C. 29403
(City, State, Zip Code)(*) Rose Alexander
(Signature)(*) 843-425-1332
(Telephone Number)(*) Rose Mary Felder Alexander
(Title) Owner, President, etc.